

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

Page 1 of 85

For Official Use Only

Statement covers period

from 03/18/2010

through 05/22/2010

Date of election if applicable:
(Month, Day, Year)

06/08/2010

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

☒ Officeholder, Candidate Controlled Committee

☒ State Candidate Election Committee

☐ Recall

(Also Complete Part 5.)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primary Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/
Officeholder Committee

(Also Complete Part 7.)

2. Type of Statement:

☒ Pre-election Statement

☐ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1323385

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
ABEL MALDONADO FOR LT. GOVERNOR 2010

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SANTA MARIA</u>	<u>CA</u>	<u>93458</u>	<u>() -</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	

OPTIONAL: FAX/E-MAIL ADDRESS
415-732-7701

Treasurer(s)

NAME OF TREASURER
JAMES R. SUTTON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	<u>415-732-7700</u>

NAME OF ASSISTANT TREASURER, IF ANY
JESSE A. MAINARDI

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	<u>415-732-7700</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/22/2010 By JAMES R. SUTTON
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 05/22/2010 By ABEL MALDONADO
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ABEL MALDONADO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lieutenant Governor
Statewide

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

SANTA MARIA CA 93458

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

ABEL MALDONADO FOR SENATE

I.D. NUMBER

1272517

NAME OF TREASURER

ABEL MALDONADO

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
SANTA MARIA

STATE
CA

ZIP CODE
93454

AREA CODE/PHONE
415-732-7700

COMMITTEE NAME

ABEL MALDONADO OFFICEHOLDER ACCOUNT

I.D. NUMBER

1314343

NAME OF TREASURER

CHRISTOPHER RAYMER

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
SANTA MARIA

STATE
CA

ZIP CODE
93458

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME TAXPAYERS FOR MALDONADO	I.D. NUMBER 1277315
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NAME OF TREASURER ABEL MALDONADO	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY SANTA MARIA	STATE CA	ZIP CODE 93454	AREA CODE/PHONE 415-732-7700
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COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 03/18/2010 through 05/22/2010	CALIFORNIA FORM 460 Page 4 of 85 I.D. NUMBER 1323385
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$315,398.00	\$489,397.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$315,398.00	\$489,397.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$3,500.00	\$3,500.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$318,898.00	\$492,897.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$249,738.96	\$350,337.21
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$249,738.96	\$350,337.21
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$131,366.47)	\$413,904.52
10. Nonmonetary Adjustment	Schedule C, Line 3	\$3,500.00	\$3,500.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$121,872.49	\$767,741.73

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
6/8/2010	\$735,059.67

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$73,400.75	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$315,398.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$249,738.96	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$139,059.79	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$413,904.52

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 03/18/2010 through 05/22/2010		CALIFORNIA FORM 460 Page 5 of 85
I.D. Number 1323385		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/18/2010	ANDREW SMITH COMPANY SALINAS, CA 93908	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
3/18/2010	CENTRAL COAST AVIATION SERV. INC. SALINAS, CA 93905	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
3/18/2010	DONALD E. COOLEY WATSONVILLE, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$750.00	\$750.00	2010P: \$750.00
3/18/2010	D & D SANITATION SANTA MARIA, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$8,500.00	2010P: \$8,500.00
3/18/2010	D G FARMING AND EQUIPMENT, LLC SANTA MARIA, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$8,500.00	2010P: \$8,500.00
SUBTOTAL						

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$314,850.00
2. Amount received this period - unitemized contributions of less than \$100	\$548.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$315,398.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u>		CALIFORNIA FORM 460
through <u>05/22/2010</u>		
Page <u>6</u> of <u>85</u>		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/18/2010	DB SPECIALTY FARMS SANTA MARIA, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$8,500.00	2010P: \$8,500.00
3/18/2010	TAYLOR FRESH FOODS, INC. SALINAS, CA 93901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
3/19/2010	RONALD W. BERNARD SAN ARDO, CA 93450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME RANCHER	\$100.00	\$100.00	2010P: \$100.00
3/19/2010	TOM JONES AUBURN, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JONES & ASSOCIATES MANAGING DIRECTOR	\$100.00	\$100.00	2010P: \$100.00
3/22/2010	CAROL ATER ARROYO GRANDE, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$1,000.00	\$1,000.00	2010P: \$1,000.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through	05/22/2010	Page 7 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/22/2010	WILLIAM BEECHER APTOS, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BBG MICRO INC. SCIENTIST	\$100.00	\$100.00	2010P: \$100.00
3/22/2010	STAN CLARK BRADLEY, CA 93426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN BARTOLOME RANCH RANCHER	\$500.00	\$500.00	2010P: \$500.00
3/22/2010	GRANITE CONSTRUCTION INC. WATSONVILLE, CA 95076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
3/22/2010	ROBERT LAGOMARSINO VENTURA, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$100.00	\$100.00	2010P: \$100.00
3/22/2010	HOWARD SOULE OAKLAND, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOWARD ENTERPRISES OWNER	\$500.00	\$500.00	2010P: \$500.00
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through	05/22/2010	Page 8 of 85

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number
1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/24/2010	ANHEUSER-BUSCH COMPANIES, INC. SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
3/24/2010	STEPHEN DANNA YUBA CITY, CA 95993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DANNA & DANNA, INC. PRESIDENT	\$250.00	\$250.00	2010P: \$250.00
3/24/2010	GEORGEANN EISKAMP WATSONVILLE, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COWLES BERRY FARM FARMER	\$1,000.00	\$1,000.00	2010P: \$1,000.00
3/24/2010	ROBERT YONTS SAN JOSE, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JAMS MEDIATOR & ARBITRATOR	\$250.00	\$250.00	2010P: \$250.00
3/25/2010	BETTER PRODUCE, INC. SANTA MARIA, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460 Page <u>9</u> of <u>85</u> I.D. Number 1323385
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/26/2010	CALIFORNIA DISTRIBUTORS ASSOCIATION POLITICAL ACTION COMMITTEE SACRAMENTO, CA 95814 Committee ID: 890147	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,250.00	\$1,250.00	2010P: \$1,250.00
3/29/2010	ASSOCIATED GENERAL CONTRACTORS POLITICAL ACTION COMMITTEE OF CALIFORNIA WEST SACRAMENTO, CA 95691 Committee ID: 890194	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
3/29/2010	CALIFORNIA ASSOCIATION OF HEALTH FACILITIES POLITICAL ACTION COMMITTEE SACRAMENTO, CA 95816 Committee ID: 741816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
3/29/2010	CALIFORNIA SEED ASSOCIATION POLITICAL ACTION COMMITTEE (AKA CSA PAC) SACRAMENTO, CA 95814 Committee ID: 970787	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
3/29/2010	MARK CLARKE SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RABO AGRI FINANCE LENDING	\$250.00	\$250.00	2010P: \$250.00
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460
Page <u>10</u> of <u>85</u>		
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/29/2010	BILL RUTLEDGE PACIFIC PALISADES, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$250.00	\$250.00	2010P: \$250.00
3/29/2010	SANTA YNEZ BAND OF MISSION INDIANS SANTA YNEZ, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$700.00	\$6,500.00	2010P: \$3,300.00 2010G: \$3,200.00
3/29/2010	SANTA YNEZ BAND OF MISSION INDIANS SANTA YNEZ, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$6,500.00	2010P: \$3,300.00 2010G: \$3,200.00
3/30/2010	WILLIAM BLOOMFIELD, JR. MANHATTAN BEACH, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$6,500.00	\$6,500.00	2010P: \$6,500.00
4/1/2010	LISA COTTLE SANTA CRUZ, CA 95065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WINSTON & STRAWN LLP ATTORNEY	\$500.00	\$500.00	2010P: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 03/18/2010		
through 05/22/2010		Page 11 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/1/2010	ART FLAMING SAN DIEGO, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TIERRA CORPORATION PRESIDENT	\$200.00	\$200.00	2010P: \$200.00
4/1/2010	ROBERT KIRKWOOD PALO ALTO, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$250.00	\$250.00	2010P: \$250.00
4/2/2010	CANNON SAN LUIS OBISPO, CA 93401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/3/2010	RICHARD GRIFFITH HOUSTON, TX 77002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME PRIVATE INVESTOR	\$150.00	\$150.00	2010P: \$150.00
4/5/2010	CHARLES P. CUSUMANO BURBANK, CA 91502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CUSUMANO REAL ESTATE GROUP REAL ESTATE DEVELOPMENT	\$6,500.00	\$6,500.00	2010P: \$6,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u>		CALIFORNIA FORM 460
through <u>05/22/2010</u>		
		Page <u>12</u> of <u>85</u>
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/5/2010	SUZANNE JACKSON MONTE SERENO, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$250.00	\$250.00	2010P: \$250.00
4/5/2010	PECHANGA BAND OF LUISENO INDIANS TEMECULA, CA 92592	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
4/5/2010	R.C. FARMS, LLC SALINAS, CA 93908	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
4/7/2010	FRANK GREINKE ORANGE, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SC FUELS CHIEF EXECUTIVE OFFICER	\$6,500.00	\$6,500.00	2010P: \$6,500.00
4/7/2010	THOMAS PEREZ FIREBAUGH, CA 93622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PEREZ PACKING, INC. PRESIDENT	\$1,000.00	\$1,000.00	2010P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through	05/22/2010	Page 13 of 85
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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/7/2010	SANTA YNEZ BAND OF MISSION INDIANS SANTA YNEZ, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$6,500.00	2010P: \$3,300.00 2010G: \$3,200.00
4/8/2010	CALPORTLAND COMPANY GLENDDORA, CA 91741	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/9/2010	CALIFORNIA CABLE & TELECOMMUNICATIONS ASSOCIATION PAC SACRAMENTO, CA 95814 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
4/9/2010	CALIFORNIA MORTGAGE ASSOCIATION POLITICAL ACTION COMMITTEE SACRAMENTO, CA 95814 Committee ID: 990462	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/9/2010	ANTHONY W. COSSA SANTA MARIA, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TWIW INSURANCE INSURANCE BROKER	\$250.00	\$250.00	2010P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through	05/22/2010	Page 14 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/9/2010	LINDA DRAA MONTE SERENO, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME SPEECH THERAPIST	\$500.00	\$500.00	2010P: \$500.00
4/9/2010	CARLA MARTINEZ BRADLEY, CA 93426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/12/2010	A.G. SPANOS COMPANIES, INCLUDING ALEX G. SPANOS AND AFFILIATED ENTITIES STOCKTON, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
4/12/2010	ROBERT S. KIEVE SAN JOSE, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EMPIRE BROADCASTING CORPORATION RADIO BROADCASTER	\$200.00	\$200.00	2010P: \$200.00
4/12/2010	DONALD PROLO SARATOGA, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME NEUROSURGEON	\$500.00	\$500.00	2010P: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460
Page <u>15</u> of <u>85</u>		
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/12/2010	JERRY RAVA II KING CITY, CA 93930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOUTH COUNTY PACKING FARMER	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/12/2010	JOHN A. ROFFONI PISMO BEACH, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WELLS FARGO ADVISORS INVESTMENTS	\$500.00	\$500.00	2010P: \$500.00
4/13/2010	GORDON ROSENBERG SAN ARDO, CA 93450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/15/2010	MARIE COELHO SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LIBERTY STRAWBERRY SALES FARMER	\$500.00	\$500.00	2010P: \$500.00
4/15/2010	THOMAS GRAY CARMEL, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TIGRE GROUP INC. REAL ESTATE	\$1,000.00	\$1,000.00	2010P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through	05/22/2010	Page 16 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/16/2010	APPLIED MATERIALS, INC. SANTA CLARA, CA 95054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$6,000.00	2010P: \$6,000.00
4/16/2010	CALIFORNIA HOSPITAL ASSOCIATION PAC, SPONSORED BY CA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS (CAHHS) SACRAMENTO, CA 95814 Committee ID: 790773	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
4/16/2010	ERNEST DEGASPARIS SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WELDON & DEGASPARIS LAWYER	\$500.00	\$500.00	2010P: \$500.00
4/16/2010	JAMES A. DIANI SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A.J. DIANI CONSTRUCTION CO. OWNER	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/16/2010	RICHARD RIORDAN LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$6,500.00	\$6,500.00	2010P: \$6,500.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460 Page <u>17</u> of <u>85</u>
I.D. Number 1323385		

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NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/16/2010	SECURITY PAC, SPONSORED BY CALIFORNIA ASSOCIATION OF LICENSED SECURITY AGENCIES, GUARDS AND ASSOCIATES SACRAMENTO, CA 95814 Committee ID: 1256272	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
4/19/2010	CAROL HAMILTON WOODSIDE, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE HOMEMAKER	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/19/2010	FRANK KELTON ARROYO GRANDE, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN LUIS AMBULANCE PRESIDENT	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/19/2010	ROBERT F. STOVICEK SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRIMUSLABS.COM PRESIDENT	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/19/2010	WEST LAKE FRESH WATSONVILLE, CA 95076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460
Page <u>18</u> of <u>85</u>		
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2010	VALLEY FARM SUPPLY, INC. NIPOMO, CA 93444	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
4/21/2010	CARRARI RANCHO ALAMO LOS ALAMOS, CA 93440	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
4/21/2010	DEL MAR THOROUGHBRED CLUB DEL MAR, CA 92014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
4/21/2010	KLAMATH FALLS PROPERTIES NEWMAN, CA 95360	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
4/22/2010	CERTIFIED FREIGHT LOGISTICS, INC. SANTA MARIA, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

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4/22/2010	STEVE WILL SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$500.00	\$500.00	2010P: \$500.00
4/23/2010	ELI BROAD LOS ANGELES, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	THE BROAD FOUNDATION FOUNDER	\$6,500.00	\$6,500.00	2010P: \$6,500.00
4/23/2010	J.B. DEWAR, INC. SAN LUIS OBISPO, CA 93401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
4/23/2010	JOHN CHARLES NORRIS, M.D. SAN LUIS OBISPO, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STATE OF CALIFORNIA PHYSICIAN	\$500.00	\$500.00	2010P: \$500.00
4/23/2010	SANTA MARIA VALLEY CROP SERVICES SANTA MARIA, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
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SCHEDULE A (CONT.)

Statement covers period from 03/18/2010 through 05/22/2010		CALIFORNIA FORM 460 Page 20 of 85
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4/24/2010	ROBIN BAGGETT SAN LUIS OBISPO, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BAGGETT FARMS RANCHER	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/24/2010	GILL RANCH COMPANY, LLC OXNARD, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
4/24/2010	BENNY JEFFERSON SALINAS, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALIFORNIA FARM BUREAU FEDERATION DISTRICT 8 DIRECTOR	\$150.00	\$150.00	2010P: \$150.00
4/24/2010	JMK INVESTMENTS INC. SANTA CLARA, CA 95051	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
4/24/2010	LOIS LINDLEY BRADLEY, CA 93426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$200.00	\$200.00	2010P: \$200.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u>		CALIFORNIA FORM 460
through <u>05/22/2010</u>		
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/24/2010	VERITAS ASSOCIATES, LLC MONTEREY, CA 93940	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
4/26/2010	HOWARD D. ARNAIZ STOCKTON, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	H.D. ARNAIZ CORPORATION LAND DEVELOPER	\$6,500.00	\$6,500.00	2010P: \$6,500.00
4/26/2010	LACEY ARNAIZ STOCKTON, CA 95208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE UNEMPLOYED	\$6,500.00	\$6,500.00	2010P: \$6,500.00
4/26/2010	JOSEPH E. DOUD SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PACIFIC COAST PRODUCE SALESMAN	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/26/2010	HERMAN PROPERTIES SAN MIGUEL, CA 93451	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460 Page <u>22</u> of <u>85</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/26/2010	OAK TREE RACING ASSOCIATION ARCADIA, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
4/26/2010	WILLIAM RELLER PALO ALTO, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$250.00	\$250.00	2010P: \$250.00
4/26/2010	TOSHIKO TOMOOKA SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TOMOOKA FARMS FARMER	\$100.00	\$100.00	2010P: \$100.00
4/27/2010	LINCOLN CLUB OF NORTHERN CALIFORNIA PAC BURLINGAME, CA 94010 Committee ID: 820082	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
4/27/2010	WEST COAST FRESH SANTA MARIA, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/28/2010	RICHARD AMIRSEHHI SALINAS, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NATURIBE BERRY GROWERS CHIEF EXECUTIVE OFFICER	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/28/2010	ARCIERO INNS CORP. PASO ROBLES, CA 93446	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
4/28/2010	JAMES DEMARTINI MODESTO, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNTY OF STANISLAUS SUPERVISOR	\$500.00	\$500.00	2010P: \$500.00
4/28/2010	ANGELICA GUTIERREZ NIPOMO, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MID-STATE BANK & TRUST BANKER	\$100.00	\$100.00	2010P: \$100.00
4/28/2010	MARY KIRKPATRICK PISMO BEACH, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$100.00	\$100.00	2010P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/28/2010	MONTEBELLO ESTATES, LLC PASO ROBLES, CA 93446	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
4/28/2010	CHRIS SCHNAUBELT DPO, AE 09624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	US DEPARTMENT OF THE ARMY STRATEGIC ANALYST	\$250.00	\$250.00	2010P: \$250.00
4/28/2010	RUTHANNE TOMPKINS CASMALIA, CA 93429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$100.00	\$100.00	2010P: \$100.00
4/29/2010	ANTHEM BLUE CROSS THOUSAND OAKS, CA 91362	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
4/29/2010	MARCIA BECKMAN PISMO BEACH, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BECKMAN & KACZKE, INC. INSURANCE/PROPERTY	\$500.00	\$500.00	2010P: \$500.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/29/2010	JAMES E. CLAUS SAN JOSE, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CAL-WESTERN PROPERTY CHIEF EXECUTIVE OFFICER	\$100.00	\$100.00	2010P: \$100.00
4/29/2010	L. LANE LOYKO CARMEL, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PLA CORPORATION ENGINEER	\$250.00	\$250.00	2010P: \$250.00
4/29/2010	MIGUEL CHAVEZ AND SON FARMING, INC. NIPOMO, CA 93444	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/29/2010	SUNRISE GROWERS PLACENTIA, CA 92870	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
4/29/2010	THOMA ELECTRIC, INC. SAN LUIS OBISPO, CA 93401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
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NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number
1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2010	FRANCES NELSON SAN MATEO, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOHANNON DEVELOPMENT COMPANY CHAIRMAN OF THE BOARD	\$500.00	\$7,000.00	2010P: \$6,500.00 2010G: \$500.00
4/30/2010	JEFFREY TOWNSEND PISMO BEACH, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$1,000.00	\$6,000.00	2010P: \$6,000.00
5/3/2010	MICROSOFT CORPORATION PAC REDMOND, WA 98052 Committee ID: 1263106	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
5/4/2010	ROBERT DITMORE CARMEL, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$500.00	\$500.00	2010P: \$500.00
5/4/2010	ROBERT IBSEN SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME DENTIST	\$500.00	\$500.00	2010P: \$500.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

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5/4/2010	KAZUO IKEDA ARROYO GRANDE, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IKEDA BROS. OWNER	\$200.00	\$200.00	2010P: \$200.00
5/4/2010	PROGRESSIVE SOLUTIONS SANTA MARIA, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/4/2010	BRUCE WOOLPERT CUPERTINO, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GRANITEROCK MANAGER	\$2,500.00	\$2,500.00	2010P: \$2,500.00
5/6/2010	GARING, TAYLOR & ASSOCIATES INC. ARROYO GRANDE, CA 93420	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/6/2010	HERRERA FARMING CO. INC. SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/6/2010	PACIFIC BEVERAGE SANTA BARBARA, CA 93111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
5/6/2010	HERBER PERRETT SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PERRETT RANCHES RANCHER	\$6,500.00	\$6,500.00	2010P: \$6,500.00
5/7/2010	VINCE LOPEZ KING CITY, CA 93930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOUTH VALLEY AUTO PLAZA AUTO DEALER	\$500.00	\$500.00	2010P: \$500.00
5/7/2010	DAVID MURRAY SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AGROJAL FARMS SALES	\$500.00	\$500.00	2010P: \$500.00
5/7/2010	VALLEY FRESH PRODUCE WATSONVILLE, CA 95076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
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SCHEDULE A (CONT.)

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NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

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5/9/2010	GEORGE DUNN LOS ALTOS, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$500.00	\$500.00	2010P: \$500.00
5/9/2010	ALAN SWANSON SAINT HELENA, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$250.00	\$250.00	2010P: \$250.00
5/10/2010	JOHN DANNER PALO ALTO, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROCKETSHIP EDUCATION CHIEF EXECUTIVE OFFICER	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/10/2010	KIRBY K. GORDON PISMO BEACH, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME ATTORNEY	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/10/2010	SUCCESS VALLEY PRODUCE OXNARD, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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5/11/2010	ANNETTA AIASSA MOUNT HAMILTON, CA 95140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CASTELNUOVO & AIASSA DESIGNS OWNER	\$250.00	\$250.00	2010P: \$250.00
5/11/2010	JIM CASTELLANOS SAN JOSE, CA 95105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CASCO PROPERTY MANAGEMENT INVESTOR	\$500.00	\$500.00	2010P: \$500.00
5/11/2010	JAMES CUNNEEN SAN JOSE, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALIFORNIA STRATEGIES LLC CONSULTANT	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/11/2010	FRESH SELECT SANTA MARIA, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/11/2010	GONZALO MALDONADO SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CENTRAL COAST DISTRIBUTING OPERATIONS MANAGER	\$500.00	\$500.00	2010P: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u>		CALIFORNIA FORM 460
through <u>05/22/2010</u>		
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/11/2010	JOHN MAULHARDT SAN LUIS OBISPO, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN YSIDRO FARMS OWNER	\$500.00	\$500.00	2010P: \$500.00
5/11/2010	WILLIAM MCINERNEY SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRI W ENTERPRISES, INC. VICE PRESIDENT OF FINANCE & CHIEF FINANCIAL OFFICER	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/11/2010	JASON MOORE HENDERSON, NV 89052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME REAL ESTATE	\$2,000.00	\$2,000.00	2010P: \$2,000.00
5/11/2010	PROGENY ADVANCED GENETICS, INC. SALINAS, CA 93905	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/11/2010	RANCHO HARVEST SANTA MARIA, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u>		CALIFORNIA FORM 460
through <u>05/22/2010</u>		
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/11/2010	SPRING VALLEY ARROYO GRANDE, CA 93420	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/12/2010	MICHAEL FOX SR. SAN JOSE, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	M. E. FOX & CO. INC. EXECUTIVE	\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
5/12/2010	GEORGE GOWGANI CAYUCOS, CA 93430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CAL POLY ASSOCIATE DEAN EMERITUS	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/12/2010	KEVIN HUBER SAN LUIS OBISPO, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TWIN INSURANCE SERVICES INSURANCE BROKER	\$500.00	\$500.00	2010P: \$500.00
5/12/2010	MINERAL KING PRODUCE, LLC VISALIA, CA 93292	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u>		CALIFORNIA FORM 460
through <u>05/22/2010</u>		
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/12/2010	GEORGE SHULTZ STANFORD, CA 94305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOOVER INSTITUTION, STANFORD DISTINGUISHED FELLOW	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/13/2010	CEDAR POINT NURSERY KLAMATH FALLS, OR 97601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
5/13/2010	CEDAR POINT NURSERY KLAMATH FALLS, OR 97601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
5/13/2010	GM DISTRIBUTING VERNON, CA 90058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/13/2010	HEWLETT-PACKARD PALO ALTO, CA 94304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$6,500.00	2010P: \$4,500.00 2010G: \$2,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460
Page <u>34</u> of <u>85</u>		
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/13/2010	HEWLETT-PACKARD PALO ALTO, CA 94304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,500.00	\$6,500.00	2010P: \$4,500.00 2010G: \$2,000.00
5/13/2010	SERVANDO SANDOVAL SAN JOSE, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAHL & MCCAY ATTORNEY	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/13/2010	SM TIRE ARROYO GRANDE, CA 93420	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2010P: \$200.00
5/14/2010	KATCHO ACHADJIAN ARROYO GRANDE, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AG SHELL OWNER	\$100.00	\$100.00	2010P: \$100.00
5/14/2010	RICK BETZ SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SNOW SEED CO. SALES	\$500.00	\$500.00	2010P: \$500.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460 Page <u>35</u> of <u>85</u>
I.D. Number 1323385		

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NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/14/2010	BYRD FARMING PARTNERS GUADALUPE, CA 93434	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/14/2010	CALIFORNIA GIANT, INC. WATSONVILLE, CA 95076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/14/2010	COMMITTEE TO RE-ELECT K. H. 'KATCHO' ACHADJIAN ARROYO GRANDE, CA 93420 Committee ID: 1285535	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$400.00	2010P: \$400.00
5/14/2010	CYNTHIA CORDERO SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE HOMEMAKER	\$500.00	\$500.00	2010P: \$500.00
5/14/2010	CORONA MARKETING, INC. SANTA MARIA, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through	05/22/2010	Page 36 of 85

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NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number
1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/14/2010	DISNEY WORLDWIDE SERVICES, INC. BURBANK, CA 91521	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/14/2010	ERIC GAMBLE SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AGRO-JAL FARMS FARM MANAGER	\$500.00	\$500.00	2010P: \$500.00
5/14/2010	DALE GEE SANTA MARIA, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DB SPECIALITY FARMS MAINTENANCE	\$2,000.00	\$8,500.00	2010P: \$8,500.00
5/14/2010	GPC PALLETS, INC. SANTA MARIA, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,500.00	2010P: \$1,500.00
5/14/2010	IRRIGATION WEST ARROYO GRANDE, CA 93420	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u>		CALIFORNIA FORM 460
through <u>05/22/2010</u>		
		Page <u>37</u> of <u>85</u>
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/14/2010	J & N TRUCKING AND LOWBED SERVICES SANTA MARIA, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/14/2010	THOMAS LAHR SAN MIGUEL, CA 93451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PREFERRED AG SERVICES OWNER	\$500.00	\$500.00	2010P: \$500.00
5/14/2010	MIER BROS. AG SERVICES SANTA MARIA, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/14/2010	PARKER MONTGOMERY SANTA BARBARA, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME VENTURE CAPITALIST	\$2,000.00	\$2,000.00	2010P: \$2,000.00
5/14/2010	PACIFIC VEGETABLE EXCHANGE, INC. NIPOMO, CA 93444	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
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SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u>		CALIFORNIA FORM 460
through <u>05/22/2010</u>		
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

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5/14/2010	RANCHO DON ANTONIO NIPOMO, CA 93444	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
5/14/2010	JEFFREY TOWNSEND PISMO BEACH, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$5,000.00	\$6,000.00	2010P: \$6,000.00
5/14/2010	VALLEY FARM SUPPLY, INC. NIPOMO, CA 93444	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
5/16/2010	L & G FARMING INC. SANTA MARIA, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/16/2010	CURTIS PATE BRAWLEY, CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HELENA CHEMICAL SALES	\$100.00	\$100.00	2010P: \$100.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

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5/17/2010	ROBERT DAILEY LOS ALTOS, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RJ DAILEY CONSTRUCTION GENERAL CONTRACTOR	\$100.00	\$100.00	2010P: \$100.00
5/17/2010	RICHARD HERRICK EVANSTON, IL 60201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FIRST CUT PRODUCE, INC. PRODUCE BROKER	\$100.00	\$100.00	2010P: \$100.00
5/17/2010	MARLA MORRISSEY SAN LUIS OBISPO, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MORRISSEY EQUIPMENT MANAGER	\$2,000.00	\$5,000.00	2010P: \$5,000.00
5/17/2010	MARLA MORRISSEY SAN LUIS OBISPO, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MORRISSEY EQUIPMENT MANAGER	\$3,000.00	\$5,000.00	2010P: \$5,000.00
5/17/2010	PAUL'S DRY CLEANERS SAN LUIS OBISPO, CA 93401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number
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5/18/2010	THOMAS SCOTT GILROY, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CAMBRIDGE MANAGEMENT CO. REAL ESTATE	\$500.00	\$500.00	2010P: \$500.00
5/19/2010	CHARLES CROCKER SAN FRANCISCO, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CROCKER CAPITAL PRESIDENT	\$500.00	\$500.00	2010P: \$500.00
5/19/2010	JOHN QUINN STOCKTON, CA 95210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAQ INC. PRESIDENT & CHIEF EXECUTIVE OFFICER	\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
5/19/2010	JOHN QUINN STOCKTON, CA 95210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAQ INC. PRESIDENT & CHIEF EXECUTIVE OFFICER	\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
5/19/2010	PATRICIA QUINN STOCKTON, CA 95210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAQ INC. VICE PRESIDENT	\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>		CALIFORNIA FORM 460
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/19/2010	PATRICIA QUINN STOCKTON, CA 95210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAQ INC. VICE PRESIDENT	\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
5/20/2010	PACIFIC GAS AND ELECTRIC COMPANY SAN FRANCISCO, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
5/20/2010	PAINTING CONTRACTOR'S POLITICAL ACTION COMMITTEE CARMICHAEL, CA 95608 Committee ID: 802133	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
5/20/2010	WATSON LAND COMPANY CARSON, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00	\$3,500.00	2010P: \$3,500.00
5/21/2010	AEROSTAR DEVELOPMENT, INC. ROYAL OAKS, CA 95076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 03/18/2010 through 05/22/2010		CALIFORNIA FORM 460 Page 42 of 85
I.D. Number 1323385		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2010	MARGARET BLOOMFIELD PACIFIC PALISADES, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
5/21/2010	MARGARET BLOOMFIELD PACIFIC PALISADES, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
5/21/2010	JAY BROWN BRADLEY, CA 93426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BROWN EQUITIES, LLC RANCH OWNER	\$2,500.00	\$5,000.00	2010P: \$5,000.00
5/21/2010	GREGORY CONLONG ATHERTON, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME BUSINESS CONSULTANT	\$250.00	\$250.00	2010P: \$250.00
5/21/2010	FIDELITY NATIONAL FINANCIAL, INC., PAC FOR CALIFORNIA 2001 JACKSONVILLE, FL 32204 Committee ID: 1233452	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
SUBTOTAL						

*Contributor Codes
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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through	05/22/2010	Page 43 of 85

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number
1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2010	JAMES HUNTER MANHATTAN BEACH, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BARON REAL ESTATE VICE CHAIRMAN	\$6,500.00	\$6,500.00	2010P: \$6,500.00
5/21/2010	JOANNE HUNTER MANHATTAN BEACH, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BARON REAL ESTATE ASSISTANT SECRETARY	\$6,500.00	\$6,500.00	2010P: \$6,500.00
5/21/2010	LAW OFFICE OF PETER N. BREWER PALO ALTO, CA 94306	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/21/2010	KAREN MCCAY SAN JOSE, CA 95129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAHL & MCCAY ATTORNEY	\$1,000.00	\$1,000.00	2010P: \$1,000.00
5/21/2010	MCGRANE GREENFIELD LLP SAN JOSE, CA 95113	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
SUBTOTAL						

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/18/2010</u>		CALIFORNIA FORM 460
through <u>05/22/2010</u>		
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NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2010	DARRELL TWISSELMAN SANTA MARGARITA, CA 93453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME RANCHER	\$300.00	\$300.00	2010P: \$300.00
5/22/2010	PAULA DOWNING CARMEL, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE HOMEMAKER	\$250.00	\$250.00	2010P: \$250.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$314,850.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 03/18/2010
through 05/22/2010

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>03/18/2010</u> through <u>05/22/2010</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3/18/2010	JEFF GILLES SALINAS, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER LOMBARDO & GILLES, LLC		\$3,500.00	\$3,500.00	2010P: \$3,500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$3,500.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$3,500.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$3,500.00

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	03/18/2010	CALIFORNIA FORM 460	
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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 03/18/2010 through 05/22/2010	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ASIAN AMERICAN VOTER GUIDE GARDEN GROVE, CA 92841 Committee ID: 1282374	LIT		\$6,250.00
CA FAMILY VOICE NEWSLETTER, A PROJECT OF POLICY ISSUES INSTITUTE GARDEN GROVE, CA 92841 Committee ID: 1310975	LIT		\$2,500.00
CALIFORNIA BORDER SECURITY NEWSLETTER GARDEN GROVE, CA 92841 Committee ID: 1306866	LIT		\$5,750.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$249,541.57
2. Unitemized payments made this period of under \$100.	\$197.39
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$249,738.96

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALIFORNIA TAXPAYERS ALLIANCE NEWSLETTER SANTA ANA, CA 92705	LIT			\$15,000.00
Committee ID: 1306487 THE MONACO GROUP TUSTIN, CA 92780	CMP			\$3,730.00
COPS VOTER GUIDE FOLSOM, CA 95630	LIT			\$10,000.00
Committee ID: 599014 COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$3,352.50
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$82.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$18.75
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO			\$4,965.94
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS			\$4,500.00
CITIZENS FOR GOOD GOVERNMENT COVINA, CA 91722	LIT			\$5,000.00
Committee ID: 599010 NON-PARTISAN CANDIDATE EVALUATION COUNCIL, INC. IRVINE, CA 92604	LIT			\$5,000.00
Committee ID: 588002				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 03/18/2010		
through 05/22/2010		Page 52 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$487.50
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$45.00
OFFICIAL NON-PARTISAN VOTER GUIDE OF CALIFORNIA SACRAMENTO, CA 95814	LIT			\$5,250.00
Committee ID: 1277947 VIETNAMESE-AMERICAN VOTER GUIDE GARDEN GROVE, CA 92841	LIT			\$2,000.00
Committee ID: 1288629 COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$56.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 03/18/2010 through 05/22/2010	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
REPUBLICAN WOMAN'S VOICE LAGUNA NIGUEL, CA 92677	LIT		\$15,000.00
Committee ID: 1293667 IGNITE CONSULTING ELK GROVE, CA 95757	CNS		\$5,000.00
PUBLIC OPINION STRATEGIES, LLC REDONDO BEACH, CA 90277	POL		\$5,500.00
CALIFORNIA TAXPAYERS ALLIANCE NEWSLETTER SANTA ANA, CA 92705	LIT		\$5,000.00
Committee ID: 1306487 BROOKE ARMOUR SACRAMENTO, CA 95834	TRS		\$732.70

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 03/18/2010		
through 05/22/2010		Page 54 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	LIT			\$20,000.00
Committee ID: 595004 COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$37.50
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$375.00
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$562.50
CONTINUING THE REPUBLICAN REVOLUTION NEWPORT BEACH, CA 92660	LIT			\$10,000.00
Committee ID: 598041				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 03/18/2010		
through 05/22/2010		Page 55 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COPS VOTER GUIDE FOLSOM, CA 95630	LIT			\$10,000.00
Committee ID: 599014 IGNITE CONSULTING ELK GROVE, CA 95757	CNS			\$5,000.00
CALIFORNIA PUBLIC SAFETY VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT			\$8,000.00
Committee ID: 1298740 REPUBLICAN WOMAN'S VOICE LAGUNA NIGUEL, CA 92677	LIT			\$5,000.00
Committee ID: 1293667 SMALL BUSINESS ACTION COMMITTEE NEWSLETTER LAGUNA NIGUEL, CA 92677	LIT			\$10,000.00
Committee ID: 1322823				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through 05/22/2010		Page 56 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T DALLAS, TX 75202	OFC			\$544.81
CAPITAL CAMPAIGNS TARZANA, CA 91356			REIMBURSED EXPENSES	\$379.39
CLASSIC AWARDS & TROPHY CO. SACRAMENTO, CA 95834	OFC			\$106.03
LOSTROM & COMPANY, INC. MONTEREY, CA 93940	OFC		SEE SCHEDULE G	\$2,400.00
PUBLIC OPINION STRATEGIES, LLC REDONDO BEACH, CA 90277	POL			\$5,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through 05/22/2010		Page 57 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$37.50
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$112.50
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	LIT			\$10,000.00
Committee ID: 595004 VOTER GUIDE SLATE CARDS LONG BEACH, CA 90808	LIT			\$10,000.00
Committee ID: 1319578 COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$206.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$112.50
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	LIT			\$20,000.00
Committee ID: 595004 COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$658.13
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$360.00
CITIZENS FOR GOOD GOVERNMENT COVINA, CA 91722	LIT			\$10,000.00
Committee ID: 599010				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 03/18/2010		
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$682.50
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$93.75
AT&T DALLAS, TX 75202	OFC			\$348.74
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC	SEE SCHEDULE G		\$4,637.67
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC	SEE SCHEDULE G		\$4,791.35

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through 05/22/2010		Page 60 of 85
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC		SEE SCHEDULE G	\$996.57
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC		SEE SCHEDULE G	\$1,938.87
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC		SEE SCHEDULE G	\$1,938.87

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$249,541.57

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 03/18/2010
through 05/22/2010

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
PUBLIC OPINION STRATEGIES, LLC REDONDO BEACH, CA 90277	POL	\$10,500.00	\$0.00	\$10,500.00	\$0.00
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	REIMBURSED EXPENSES	\$84.50	\$0.00	\$84.50	\$0.00
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS	\$4,500.00	\$0.00	\$4,500.00	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$82,325.69
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$213,692.16
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$131,366.47)
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 03/18/2010
through 05/22/2010

**CALIFORNIA
FORM 460**

Page 62 of 85

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
REPUBLICAN VOTER CHECKLIST TORRANCE, CA 90501	LIT	\$17,500.00	\$0.00	\$0.00	\$17,500.00
Committee ID: 598002 OFFICIAL NON-PARTISAN VOTER GUIDE OF CALIFORNIA SACRAMENTO, CA 95814	LIT	\$5,250.00	\$0.00	\$5,250.00	\$0.00
Committee ID: 1277947 REPUBLICAN WOMAN'S VOICE LAGUNA NIGUEL, CA 92677	LIT	\$20,000.00	\$0.00	\$20,000.00	\$0.00
Committee ID: 1293667 SMALL BUSINESS ACTION COMMITTEE NEWSLETTER LAGUNA NIGUEL, CA 92677	LIT	\$20,000.00	\$0.00	\$10,000.00	\$10,000.00
Committee ID: 1322823					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 03/18/2010
through 05/22/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS	\$4,500.00	\$0.00	\$0.00	\$4,500.00
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	LIT	\$1,861.50	\$0.00	\$0.00	\$1,861.50
CALIFORNIA TAXPAYERS ALLIANCE NEWSLETTER SANTA ANA, CA 92705	LIT	\$40,000.00	\$0.00	\$20,000.00	\$20,000.00
Committee ID: 1306487 COPS VOTER GUIDE FOLSOM, CA 95630	LIT	\$40,000.00	\$0.00	\$20,000.00	\$20,000.00
Committee ID: 599014					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 03/18/2010
through 05/22/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
MAINSTREAM GOP CONSULTING C/O BRANDON GESICKI CARMEL, CA 93923	REIMBURSED EXPENSES	\$1,199.40	\$0.00	\$0.00	\$1,199.40
BROOKE ARMOUR SACRAMENTO, CA 95834	TRS	\$732.70	\$0.00	\$732.70	\$0.00
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$5,885.33	\$0.00	\$0.00	\$5,885.33
THE MONACO GROUP TUSTIN, CA 92780	CMP	\$3,730.00	\$0.00	\$3,730.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 03/18/2010
through 05/22/2010

**CALIFORNIA
FORM 460**

Page 65 of 85

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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AMERICAN EXPRESS ANAHEIM, CA 92801	OFC SEE SCHEDULE G	\$4,637.67	\$0.00	\$4,637.67	\$0.00
CAPITAL CAMPAIGNS TARZANA, CA 91356	CNS	\$12,500.00	\$0.00	\$0.00	\$12,500.00
PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSE; SEE SCHEDULE G	\$4,012.97	\$0.00	\$0.00	\$4,012.97
CITIZENS FOR GOOD GOVERNMENT COVINA, CA 91722	LIT	\$50,000.00	\$0.00	\$15,000.00	\$35,000.00
Committee ID: 599010					

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
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to whole dollars.

Statement covers period
from 03/18/2010
through 05/22/2010

CALIFORNIA
FORM **460**

Page 66 of 85

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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IGNITE CONSULTING ELK GROVE, CA 95757	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00
VOTER GUIDE SLATE CARDS LONG BEACH, CA 90808	LIT	\$0.00	\$27,500.00	\$0.00	\$27,500.00
Committee ID: 1319578 NON-PARTISAN CANDIDATE EVALUATION COUNCIL, INC. IRVINE, CA 92604	LIT	\$25,000.00	\$0.00	\$5,000.00	\$20,000.00
Committee ID: 588002 CALIFORNIA BORDER SECURITY NEWSLETTER GARDEN GROVE, CA 92841	LIT	\$18,750.00	\$0.00	\$5,750.00	\$13,000.00
Committee ID: 1306866					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
from 03/18/2010
through 05/22/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CA FAMILY VOICE NEWSLETTER, A PROJECT OF POLICY ISSUES INSTITUTE GARDEN GROVE, CA 92841	LIT	\$12,500.00	\$0.00	\$2,500.00	\$10,000.00
Committee ID: 1310975					
ASIAN AMERICAN VOTER GUIDE GARDEN GROVE, CA 92841	LIT	\$6,250.00	\$0.00	\$6,250.00	\$0.00
Committee ID: 1282374					
VIETNAMESE-AMERICAN VOTER GUIDE GARDEN GROVE, CA 92841	LIT	\$2,000.00	\$0.00	\$2,000.00	\$0.00
Committee ID: 1288629					
CONTINUING THE REPUBLICAN REVOLUTION NEWPORT BEACH, CA 92660	LIT	\$10,000.00	\$0.00	\$10,000.00	\$0.00
Committee ID: 598041					

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
from 03/18/2010
through 05/22/2010

CALIFORNIA
FORM 460

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
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CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	LIT	\$175,000.00	\$0.00	\$50,000.00	\$125,000.00
Committee ID: 595004 ORANGE COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT	\$0.00	\$11,201.00	\$0.00	\$11,201.00
Committee ID: 1285120 CALIFORNIA PUBLIC SAFETY VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT	\$8,000.00	\$0.00	\$8,000.00	\$0.00
Committee ID: 1298740 LOS ANGELES COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE PALOS VERDES PENINSULA, CA 90274	LIT	\$8,000.00	\$0.00	\$0.00	\$8,000.00
Committee ID: 1305336					

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period
from 03/18/2010
through 05/22/2010

CALIFORNIA
FORM **460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
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SAN DIEGO COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LA JOLLA, CA 92037	LIT	\$9,500.00	\$0.00	\$0.00	\$9,500.00
Committee ID: 1287037					
INLAND EMPIRE REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT	\$9,500.00	\$0.00	\$0.00	\$9,500.00
Committee ID: 1293670					
VENTURA COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT	\$3,000.00	\$0.00	\$0.00	\$3,000.00
Committee ID: 1290652					
CALIFORNIA LAW ENFORCEMENT VOTER GUIDE HERMOSA BEACH, CA 90254	LIT	\$0.00	\$12,500.00	\$0.00	\$12,500.00
Committee ID: 598005					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
from 03/18/2010
through 05/22/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
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SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$0.00	\$4,492.55	\$0.00	\$4,492.55
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$0.00	\$3,132.95	\$0.00	\$3,132.95
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC SEE SCHEDULE G	\$0.00	\$10,866.71	\$0.00	\$10,866.71
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$0.00	\$3,806.88	\$0.00	\$3,806.88

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 03/18/2010
through 05/22/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

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PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSES	\$0.00	\$972.96	\$0.00	\$972.96
PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSES	\$1,119.63	\$0.00	\$0.00	\$1,119.63
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC SEE SCHEDULE G	\$4,791.35	\$0.00	\$4,791.35	\$0.00
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC SEE SCHEDULE G	\$0.00	\$2,852.64	\$0.00	\$2,852.64

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 03/18/2010
through 05/22/2010

CALIFORNIA
FORM **460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

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SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$4,965.94	\$0.00	\$4,965.94	\$0.00
SUBTOTALS		\$545,270.99	\$82,325.69	\$213,692.16	\$413,904.52

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
through	05/22/2010	Page 73 of 85

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 4/13/10 TO SACRAMENTO, CANDIDATE ONLY, FOR WORK/LEGISLATIVE SESSION	\$283.75
58 DEGREES & HOLDING CO. SACRAMENTO, CA 95811	TRC		MEAL ON 4/27/10, 4 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR MEETING WITH STAFF	\$274.90
58 DEGREES & HOLDING CO. SACRAMENTO, CA 95811	TRC		MEAL ON 5/3/10, 4 PEOPLE INCLUDING CANDIDATE, FOR MEETING	\$160.85
AMBROSIA FINE FOOD CATERING SACRAMENTO, CA 95815	OFC			\$163.13

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$882.63

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 03/18/2010
through 05/22/2010

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T DALLAS, TX 75202	OFC			\$141.36
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 4/19/10 TO SACRAMENTO, CANDIDATE ONLY, FOR WORK/LEGISLATIVE SESSION	\$198.58
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 4/27/10 TO SACRAMENTO, CANDIDATE ONLY, FOR WORK/LEGISLATIVE SESSION	\$317.72
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 5/3/10 TO SACRAMENTO, CANDIDATE ONLY, FOR WORK/LEGISLATIVE SESSION	\$397.16

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1054.82

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	03/18/2010	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 5/11/10 TO LONG BEACH, CANDIDATE ONLY, FOR MEETINGS	\$337.58
ELLA DINING ROOM & BAR SACRAMENTO, CA 95814	TRC		MEAL ON 5/6/10, 4 PEOPLE INCLUDING CANDIDATE, FOR MEETING	\$139.62
FONTHAUS ANN ARBOR, MI 48103	OFC			\$225.00
FRANK FAT'S SACRAMENTO, CA 95814	OFC			\$687.67

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1389.87

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FRUITRIDGE PRINTING SACRAMENTO, CA 95820	CMP			\$2,681.72
GALLETTO RISTORANTE MODESTO, CA 95354	TRC		MEAL ON 4/19/10, 4 PEOPLE INCLUDING CANDIDATE, FOR MEETING WITH STAFF	\$192.56
HERTZ RENT-A-CAR BURBANK, CA 91505	TRC		RENTAL CAR, TRAVEL ON 5/1/10 TO BURBANK, CANDIDATE ONLY, FOR FUNDRAISING AND MEDIA APPEARANCES	\$101.05
HISTORIC SANTA MARIA INN CA HOTEL SANTA MARIA, CA 93454	TRS		HOTEL, TRAVEL ON 4/27/10 TO SANTA MARIA, 1 STAFF ONLY, FOR MEDIA APPEARANCES	\$174.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3150.23

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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from 03/18/2010
through 05/22/2010

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FORM **460**

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ABEL MALDONADO FOR LT. GOVERNOR 2010

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1323385

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AMERICAN EXPRESS

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LE RIVAGE SACRAMENTO, CA 95822	TRC		HOTEL, TRAVEL ON 4/16/10 TO SACRAMENTO, 2 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR MEETING	\$285.24
LE RIVAGE SACRAMENTO, CA 95822	TRC		HOTEL, TRAVEL ON 4/23/10 TO SACRAMENTO, CANDIDATE ONLY, FOR WORK/LEGISLATIVE SESSION	\$190.16
SOUTHWEST AIRLINES DALLAS, TX 75235	TRC		AIRPLANE TICKET, TRAVEL ON 4/20/10 TO BURBANK, CANDIDATE ONLY, FOR MEDIA APPEARANCES	\$181.60
SPATARO RESTAURANT AND BAR SACRAMENTO, CA 95814	TRC		MEAL ON 4/22/10, 5 PEOPLE INCLUDING CANDIDATE, FOR MEETING WITH STAFF	\$288.61

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$945.61

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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ABEL MALDONADO FOR LT. GOVERNOR 2010

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T DALLAS, TX 75202	OFC			\$394.51
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 3/19/10 TO SANTA MARIA, CANDIDATE ONLY, FOR MEDIA APPEARANCES	\$1,013.60
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 3/31/10 TO SANTA MARIA, CANDIDATE ONLY, FOR MEETINGS AND MEDIA APPEARANCES	\$225.24
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 4/7-4/9/10 TO LOS ANGELES, 2 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR FUNDRAISING AND MEDIA APPEARANCES	\$189.17

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1822.52

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 5/15/10 TO REDDING, CANDIDATE ONLY, FOR FUNDRAISING AND MEDIA APPEARANCES	\$802.00
COURTYARD ONTARIO RANCH CUCAMONGA RANCHO CUCAMONGA, CA 91730	TRC		HOTEL, TRAVEL ON 4/8/10 TO LOS ANGELES, 2 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR FUNDRAISING AND MEDIA APPEARANCE	\$104.30
HYATT REGENCY LONG BEACH LONG BEACH, CA 90802	TRC		MEAL ON 5/13/10, 2 PEOPLE INCLUDING CANDIDATE, FOR MEETING	\$156.13
HYATT REGENCY SACRAMENTO SACRAMENTO, CA 95814	TRC		MEAL ON 5/20/10, 4 PEOPLE INCLUDING CANDIDATE, FOR MEETING	\$315.73

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1378.16

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MIDWAY CAR RENTAL NORTH HOLLYWOOD, CA 91602	TRC		RENTAL CAR, TRAVEL ON 4/7/10-4/9/10 TO LOS ANGELES, 2 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR FUNDRAISING AND MEDIA APPEARANCE	\$104.30
MIKUNI JAPANESE RESTAURANT AND SUSHI BAR SACRAMENTO, CA 95814	TRC		MEAL ON 5/19/10, 4 PEOPLE INCLUDING CANDIDATE, FOR MEETING	\$205.74
REDDING AERO ENTERPRISES INC. REDDING, CA 96002	TRC		AIRPLANE FUEL, TRAVEL ON 5/22/10 TO PALO ALTO, CANDIDATE ONLY, FOR FUNDRAISING AND MEDIA APPEARANCES	\$487.42
SHERATON DELFINA SANTA MARIA, CA 90405	TRC		HOTEL, TRAVEL ON 4/7/10 TO LOS ANGELES, 2 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR FUNDRAISING AND MEDIA APPEARANCE	\$292.74

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1090.20

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
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ABEL MALDONADO FOR LT. GOVERNOR 2010

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1323385

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AMERICAN EXPRESS

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
SOUTHWEST AIRLINES DALLAS, TX 75235	TRC	AIRPLANE TICKET, TRAVEL ON 5/18/10 TO LOS ANGELES, CANDIDATE ONLY, FOR FUNDRAISING	\$323.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$323.40

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
LOSTROM & COMPANY, INC.

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KIM AND ALLEN SNOWDEN SALINAS, CA 93908	OFC			\$2,400.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2400.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
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SCHEDULE H

Statement covers period from 03/18/2010 through 05/22/2010	CALIFORNIA FORM 460
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I.D. NUMBER
1323385

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET _____
(May be a negative number)

** If Required

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
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SCHEDULE I

Statement covers period

from 03/18/2010

through 05/22/2010

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:
ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 2205, SALINAS, CA 93902
